

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of North
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
3643

Registration District No. 1613

Registered No. 15
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child J. M. Mance

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 2-17-23
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME William Mance (9) PRESENT POSTOFFICE OF FATHER Richwood S C

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (12) BIRTHPLACE Dillon Co

(13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Bertha Bidget (15) PRESENT POSTOFFICE OF MOTHER Richwood S C

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (18) BIRTHPLACE Dillon Co NC

(19) OCCUPATION Housewife (20) Number of children born to mother, including present birth Five

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Richwood S C on the date above stated.

(23) (Signature) Hester Wall(24) Midwife Physician or Midwife(25) Address of Physician or Midwife Richwood S C

(26) Give name added from a supplemental report

(27) Witness W. H. Hays

(Signature of Witness necessary only when question 25 is signed by mark)

(28) Filed 2-24-23

(29)

*When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.